

COMMENTS

FORM

PAGE

SECTION

CORRECTIONS NEEDED



INDIANA DEPARTMENT
OF
ENVIRONMENTAL MANAGEMENT

1997 HAZARDOUS WASTE REPORT

FORM
IC

IDENTIFICATION AND
CERTIFICATION

RECEIVED

APR 03 1998

DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

SITE NAME MID CITY PLATING CO., INC

EPA ID NO I N D 0 0 6 0 4 9 4 5 6

INSTRUCTIONS: Read the instructions in the 1997 Hazardous Waste Report booklet before completing this form.

SECTION I

Site name and location address. Complete A through H. Check the box ☐ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 13.

A. EPA ID No.

I N D 0 0 6 0 4 9 4 5 6

B. County

DELAWARE

C. Site/company name

MID CITY PLATING CO., INC.

D. Has the site name associated with this EPA ID changed since 1995?

☐ 1 Yes

☒ 2 No

E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description.

416 S. HACKLEY STREET/921 E. CHARLES STREET

F. City, town, village, etc.

MUNCIE

G. State

I N

H. Zip Code

4 6 3 0 5

SECTION II

Mailing address of site. Instruction page 13.

BOTH ADDRESSES UNDER SAME ROOF - 921 E. CHARLES IS NEW OFFICE AREA

A. Is the mailing address the same as the location address?

☐ 1 Yes (SKIP TO SEC. 111)

☒ 2 No (GO TO BOX B)

B. Number and street name of mailing address

921 E. CHARLES STREET

C. City, town, village, etc.

MUNCIE

D. State

I N

E. Zip Code

4 6 3 0 5

SECTION III

Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print:

Last Name

First Name

M.I.

MARTIN

B. Title

CONSULTANT

C. Telephone

3 1 7 8 2 3 9 2 6 9

Extension

SECTION IV

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print:

Last Name

First Name

M.I.

MUZZARELLI RODNEY

B. Title

VP

C. Signature

Rodney Muzzarelli

D. Date of Signature

3-31-98

EPA ID NUMBER IND 006 049 456NAME MID CITY PLATING CO., INC.

Section V - Generator Status. Instruction pages 14

1997 RCRA Generator Status CHECK ONE BOX BELOW <input checked="" type="checkbox"/> 1 LQG <input type="checkbox"/> 2 SQG <input type="checkbox"/> 3 CESQG <input type="checkbox"/> 4 Non generator (Continue to Box B) SKIP to SEC. IV	B. Reason for not generating (CHECK ALL THAT APPLY) <input type="checkbox"/> 1 Never generated <input type="checkbox"/> 2 Out of business <input type="checkbox"/> 3 Only excluded or delisted waste <input type="checkbox"/> 4 Only non-hazardous waste <input type="checkbox"/> 5 Periodic or occasional generator <input type="checkbox"/> 6 Waste minimization activity <input type="checkbox"/> 7 Other (SPECIFY COMMENTS IN BOX BELOW)
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Sec. VI - On-Site Waste Management Status. Instruction pages 16.

A. Storage subject to RCRA permitting requirements <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">1</div>	B. Treatment, disposal, or recycling subject to RCRA permitting requirements <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">1</div>	C. RCRA-exempt treatment, disposal, or recycling <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">1/3</div>
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Sec. VII - Waste Minimization Activity during 1996 or 1997. Instruction pages 18

A. Did this site begin or expand a <u>source reduction</u> activity during 1996 or 1997? <input type="checkbox"/> 1 YES <input checked="" type="checkbox"/> 2 NO	B. Did this site begin or expand a <u>recycling</u> activity during 1996 or 1997? <input type="checkbox"/> 1 YES <input checked="" type="checkbox"/> 2 NO	C. Did this site systematically investigate opportunities for <u>source reduction or recycling</u> during 1996 or 1997? <input checked="" type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO
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D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1996 or 1997?
(CHECK YES OR NO FOR EACH ITEM)

Yes	No	
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	a. Insufficient capital to install new source reduction equipment or implement new source reduction practices
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	b. Lack of technical information on source reduction techniques applicable to the specific production processes
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	d. Concern that product quality may decline as a result of source reduction
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	e. Technical limitations of the production processes
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	f. Permitting burdens
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	g. Source reduction previously implemented - additional reduction does not appear to be technically feasible
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	h. Source reduction previously implemented - additional reduction does not appear to be economically feasible
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	j. Other (SPECIFY COMMENTS BELOW)

E. Did any of the factors listed below delay or limit the site's ability to initiate new or additional on-site or off-site recycling activities during 1996 or 1997?
(CHECK YES OR NO FOR EACH ITEM)

Yes	No		Yes	No	
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	a. Insufficient capital to install new recycling equipment or implement new recycling practice	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	g. Technical limitations of production processes inhibit shipments off-site for recycling
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	b. Lack of technical information on recycling techniques applicable to this site's specific production process	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	h. Technical limitations of production processes inhibit on-site recycling
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	c. Recycling is not economically feasible: cost savings in waste management will not recover the capital investment	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	i. Permitting burdens inhibit recycling
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	d. Concern that product quality may decline as a result of recycling	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	j. Lack of permitted off-site recycling facilities
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	e. Requirements to manifest wastes inhibit shipments of off-site for recycling	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	k. Unable to identify a market for recycled materials
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	f. Financial liability provisions inhibit shipments off-site for recycling	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	l. Recycling previously implemented - additional recycling does not appear to be technically feasible
			<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	m. Recycling previously implemented - additional recycling does not appear to be economically feasible
			<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements
			<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	o. Other (SPECIFY COMMENTS IN BOX BELOW)

Comments _____



INDIANA DEPARTMENT
OF
ENVIRONMENTAL MANAGEMENT

1997 HAZARDOUS WASTE REPORT

FORM
GM

WASTE GENERATION &
MANAGEMENT

COUNTY DELAWARE

SITE NAME MID CITY PLATING CO. INC.

EPA ID NO IND006049456

INSTRUCTIONS: Read the instructions in the 1997 Hazardous Waste Report booklet before completing this form.

SECTION I

A Waste Description (p. 22) SPENT PLATING BATH RESIDUES FROM THE BOTTOM OF PLATING BATHS WITH CYANIDE							
B: Hazardous Waste Codes (p. 19) <u>D 0 0 7</u> <u>F 0 0 8</u> <u>D 0 0 1</u> <u>D 0 0 3</u>						C. Would you like assistance in reducing this hazardous waste stream? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. SIC Code (p. 23) <u>3 4 7 1</u>	E. Origin Code (p. 23) System <u>1</u>	F. Source Code (p. 24) <u>A 2 2</u>	G. Point of Measurement (p. 24) <u>1</u>	H. Form Code (p. 25) <u>B107</u>	I. RCRA-Radioactive Mixed (p. 25) <u>2</u>		

SECTION II

A. Quantity Generated in 1997 (p. 25) <u>1 2 5 8 2 1</u>	B. Unit of Measure /Density (p. 25) <u>1</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2sq	C. Did the site treat, dispose, or recycle on site, or discharge to a sewer/POTW? (p. 26) <input type="checkbox"/> Yes (CONTINUE TO SYSTEM I) <input checked="" type="checkbox"/> No (SKIP TO SECTION III)
ON SITE PROCESS SYSTEM I (p. 27) System type <u>M</u> Quantity treated, disposed or recycled on site in 1997 <u>1 2 5 8 2 1</u>		ON SITE PROCESS SYSTEM 2 (p. 27) System type <u>M</u> Quantity treated, disposed or recycled on site in 1997 <u>1 2 5 8 2 1</u>

SECTION III

A Was any of this waste shipped offsite in 1997 (p. 28) YES <input checked="" type="checkbox"/> (Go to Box B) NO <input type="checkbox"/> (Go to Section IV)				
Site 1	B EPA ID of facility waste was shipped to (p. 28) <u>M I D 0 9 8 0 1 1 9 9 2</u>	C System type shipped to (p. 28) <u>M 072</u>	D. Off-site availability Code (p. 25) <u>1</u>	E. Total quantity shipped in 1997 (p. 29) <u>1 2 5 8 2 1</u>
Site 2	B EPA ID of facility waste was shipped to (p. 28) <u>1 2 5 8 2 1</u>	C System type shipped to: (p. 28) <u>M</u>	D. Off-site availability Code (p. 28) <u>1</u>	E. Total quantity shipped in 1997 (p. 29) <u>1 2 5 8 2 1</u>

SECTION IV

A Did new activities in 1997 result in minimization of this waste? YES <input type="checkbox"/> (Go to Box B) NO <input checked="" type="checkbox"/> (Go to Back of Page)				
B Activity (p. 30) <u>W 1 1 W 1 1</u> <u>W 1 1 W 1 1</u>	C Other effects (p. 30) <input type="checkbox"/> Yes <input type="checkbox"/> No	D Quantity recycled in 1997 <u>1 2 5 8 2 1</u>	E. Activity/production index (p. 31) <u>1 1</u>	F. 1997 Source reduction quantity (p. 32) <u>1 2 5 8 2 1</u>

COMMENTS:

Over >



INDIANA DEPARTMENT
OF
ENVIRONMENTAL MANAGEMENT

1997 HAZARDOUS WASTE REPORT

FORM
GM

WASTE GENERATION &
MANAGEMENT

COUNTY DELAWARE
SITE NAME MID CITY PLATING CO. INC.
EPA ID NO IND006049456

INSTRUCTIONS: Read the instructions in the 1997 Hazardous Waste Report booklet before completing this form.

SECTION I

A Waste Description (p. 22) WASTEWATER TREATMENT SLUDGES FROM ELECTROPLATING OPERATIONS					
B: Hazardous Waste Codes (p. 19) <u>F 0 0 6</u>				C. Would you like assistance in reducing this hazardous waste stream? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. SIC Code (p. 23) <u>3 4 7 1</u>	E. Origin Code (p. 23) System <u>M 1 6 1 7 1 1</u>	F. Source Code (p. 24) <u>LA 7 5</u>	G. Point of Measurement (p. 24) <u>1</u>	H. Form Code (p. 25) <u>B306</u>	I. RCRA-Radioactive Mixed (p. 25) <u>2</u>

SECTION II

A. Quantity Generated in 1997 (p. 25) <u>5 0 4 0 0 0 1</u>	B. Unit of Measure /Density (p. 25) <u>1</u> <input type="checkbox"/> lbs/gal <input type="checkbox"/> 2sq	C. Did the site treat, dispose, or recycle on site, or discharge to a sewer/POTW? (p. 26) <input type="checkbox"/> Yes (CONTINUE TO SYSTEM I) <input checked="" type="checkbox"/> No (SKIP TO SECTION III)
ON SITE PROCESS SYSTEM I (p. 27) System type <u>M</u> Quantity treated, disposed or recycled on site in 1997 <u>1 1 1</u>		ON SITE PROCESS SYSTEM 2 (p. 27) System type <u>M</u> Quantity treated, disposed or recycled on site in 1997 <u>1 1 1</u>

SECTION III

A. Was any of this waste shipped offsite in 1997 (p. 28) YES <input checked="" type="checkbox"/> (Go to Box B) NO <input type="checkbox"/> (Go to Section IV)				
Site 1	B EPA ID of facility waste was shipped to (p. 28) <u>1 L D 0 0 0 6 6 6 2 0 6</u>	C System type shipped to (p. 28) <u>M 1 1 1</u>	D. Off-site availability Code (p. 25) <u>1</u>	E. Total quantity shipped in 1997 (p. 29) <u>5 0 4 0 0 0 1</u>
Site 2	B EPA ID of facility waste was shipped to (p. 28) <u>1 1 1 1 1 1 1 1 1 1</u>	C System type shipped to: (p. 28) <u>M</u>	D. Off-site availability Code (p. 28) <u>1</u>	E. Total quantity shipped in 1997 (p. 29) <u>1 1 1 1 1 1 1 1 1 1</u>

SECTION IV

A. Did new activities in 1997 result in minimization of this waste? YES <input type="checkbox"/> (Go to Box B) NO <input checked="" type="checkbox"/> (Go to Back of Page)					
B Activity (p. 30) <u>W 1 1 W 1 1</u> <u>W 1 1 W 1 1</u>	C Other effects (p. 30) <input type="checkbox"/> Yes <input type="checkbox"/> No	D Quantity recycled in 1997 <u>1 1 1 1 1 1 1 1 1 1</u>	E. Activity/production index (p. 31) <u>1 1</u>	F. 1997 Source reduction quantity (p. 32) <u>1 1 1 1 1 1 1 1 1 1</u>	

COMMENTS:

Over >



INDIANA DEPARTMENT
OF
ENVIRONMENTAL MANAGEMENT

1997 HAZARDOUS WASTE REPORT

FORM
PS

WASTE TREATMENT,
DISPOSAL, OR RECYCLING
PROCESS SYSTEMS

COUNTY DELAWARE
SITE NAME MID CITY PLATING CO., INC.
EPA ID NO

I N D 0 0 6 0 4 9 4 5 6

INSTRUCTIONS: Read the detailed instructions in the 1997 Hazardous Waste Report booklet before completing this form.

SYSTEM 1

A. Waste treatment, disposal, or recycling system description (p.468)

Chemical precipitation of metals, clarification, settling/sludge dewatering in filter press.

B. System Type (p. 46)

M071

C. Regulatory Status (p. 47)

0 3

D. Operational Status (p. 47)

0 1

E. Unit types (p. 48)

0 1

N A

F. Commercial Capacity Availability Code (p. 48)

1

G. Percent Capacity Commercially Available (p. 48)

0

COMMENTS:

SYSTEM 2

A. Waste treatment, disposal, or recycling system description (p.468)

B. System Type (p. 46)

C. Regulatory Status (p. 47)

D. Operational Status (p. 47)

E. Unit types (p. 48)

F. Commercial Capacity Availability Code (p. 48)

G. Percent Capacity Commercially Available (p. 48)

COMMENTS:

INDIANA DEPARTMENT
OF
ENVIRONMENTAL MANAGEMENT
1997HAZARDOUS WASTE REPORT

FORM
OI

OFF-SITE IDENTIFICATION

COUNTY DELAWARE

SITE NAME MID CITY PLATING CO., INC.

EPA ID NO

I	N	D	0	0	5	1	5	7	1	4	4
---	---	---	---	---	---	---	---	---	---	---	---

INSTRUCTIONS: Read the detailed instructions in the 1997 Hazardous Waste Report booklet before completing this form.

Site 1

<p>A. EPA ID No. Of off-site installation or transporter</p> <p><u>I L D 0 0 0 6 6 6 2 0 6</u></p>	<p>B. Name of off-site installation or transporter</p> <p><u>ENVIRITE CORPORATION</u></p>
<p>C. Handler Type (CHECK ALL THAT APPLY)</p> <p><input type="checkbox"/> Generator</p> <p><input type="checkbox"/> Transporter</p> <p><input checked="" type="checkbox"/> TSDR</p>	<p>D. Address of Off-Site Installation or Transporter</p> <p>Street <u>16435 SOUTH CENTER</u></p> <p>City <u>HARVEY</u></p> <p>State <u>IL</u> zip <u>60426</u></p>

Site 2

<p>A. EPA ID No. Of off-site installation or transporter</p> <p><u>M I D 0 9 8 0 1 1 9 9 2</u></p>	<p>B. Name of off-site installation or transporter</p> <p><u>CYANOKEM</u></p>
<p>C. HandlerType (CHECK ALL THAT APPLY)</p> <p><input type="checkbox"/> Generator</p> <p><input type="checkbox"/> Transporter</p> <p><input checked="" type="checkbox"/> TSDR</p>	<p>D. Address of Off-Site Installation or Transporter</p> <p>Street <u>12381 SCHAEFER HIGHWAY</u></p> <p>City <u>DETROIT</u></p> <p>State <u>MI</u> zip <u>48227</u></p>

Site 3

<p>A. EPA ID No. Of off-site installation or transporter</p> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 10px auto;"></div>	<p>B. Name of off-site installation or transporter</p>
<p>C. Handler Type (CHECK ALL THAT APPLY)</p> <div style="margin-left: 40px;"> <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR </div>	<p>D. Address of Off-Site Installation or Transporter</p> <p>Street _____</p> <p>City _____</p> <p>State _____ Zip _____</p>

Site 4

A. EPA ID No. Of off-site installation or transporter <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	B. Name of off-site installation or transporter <div style="border: 1px solid black; width: 100%; height: 40px;"></div>
C. Handler Type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of Off-Site Installation or Transporter Street _____ City _____ State <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> zip <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>

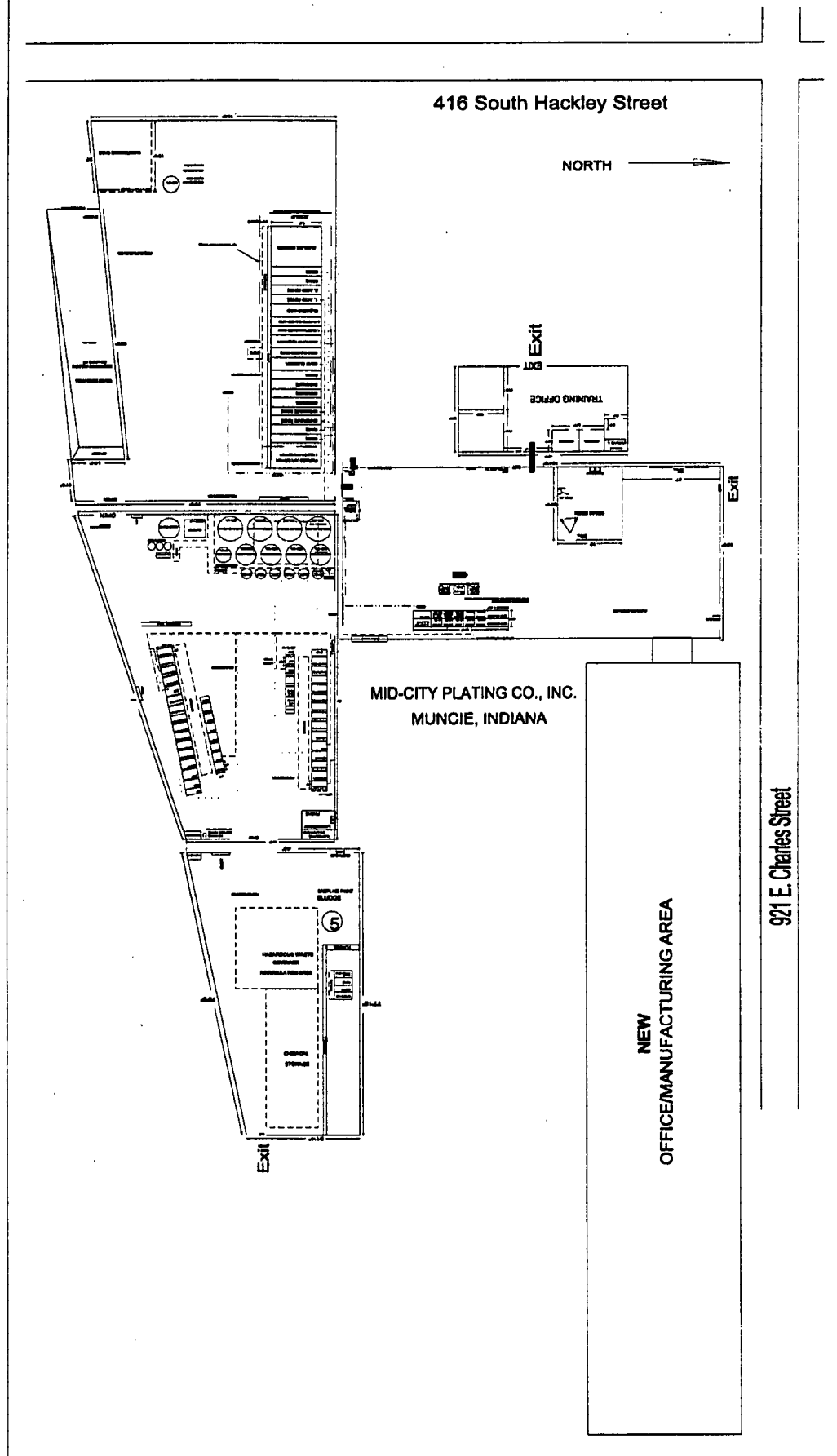
Sire 5

A. EPA ID No. Of off-site installation or transporter <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	B. Name of off-site installation or transporter <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
C. Handler Type (CHECK ALL THAT APPLY) <div style="margin-top: 10px;"> <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR </div>	D. Address of Off-Site Installation or Transporter Street _____ City _____ State _____ zip _____

COMMENTS:

SITE PLAN

THE MAIN OFFICES WERE MOVED AROUND THE CORNER
TO THE NEW OFFICE AREA AT 921 E. CHARLES ST.





INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live

Frank O'Bannon
Governor

John M. Hamilton
Commissioner

100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015
Telephone 317-232-8603
Environmental Helpline 1-800-451-6027

March 3, 1998

Ms. Martha Martin, CECM
Delta Chemicals
12466 E. 62nd Street
Indianapolis, Indiana 46236

Dear Ms. Martin:

Re: 1997 Hazardous Waste Report
IND006049456
Mid City Plating Co., Inc.
921 E. Charles St. (416 S. Hackley St.)
Muncie, Indiana 47305

You are hereby granted an extension until April 1, 1998 to submit the 1997 Hazardous Waste Biennial Report. If you have any questions, please call me at 317-232-7956.

Sincerely,

Marilyn J. Hansen, Environmental Manager
Hazardous Waste Data Analysis Section
Office of Solid & Hazardous Waste

Mid City Plating Co., Inc.
921 E. Charles Street
Muncie, IN 47305
(765) 289-2374

RECEIVED

MAR 02 1998

DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

February 26, 1998

Indiana Dept. of Environment Management
Ms. Jenny Ranck Dooley
Office of Solid and Hazardous Waste
P.O. Box 7035
Indianapolis, IN 46207-7035

IND006049456

Dear Ms. Dooley:

ID#: 133

We are requesting an extension of time to file the 1997 Biennial Report until April 1, 1998 for the following submittal:

Mid City Plating Co., Inc.
921 E. Charles Street
P.O. Box 14
Muncie, IN 47305

4165 NACKLEY ST

The purpose of the extension is for continued information gathering so that the forms may be properly completed.

Sincerely,



Martha Martin, CECM
Consultant